

an extremely low quality of life. These findings should be considered in future planning of interventions in stroke patients.

PCV126**MEASURING HEALTH-RELATED QUALITY OF LIFE BY EXPERIENCES: THE EXPERIENCE SAMPLING METHOD**

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OBJECTIVES: To determine the feasibility of using the Experience Sampling Method (ESM) to obtain accounts of the momentary experience of Health Related Quality of Life (HRQOL) and compare these to retrospective global measures of HRQOL and utilities derived from choice under uncertainty. **METHODS:** An experience-sampling study of 139 participants from three different patient groups and a control sample examined the momentary experience of HRQOL (mom-HRQOL). Global retrospective HRQOL measures were also administered. Feasibility of was determined by assessing willingness to participate in the study and by analysing the percentage of drop-outs and the number of completed beep questionnaires. Bivariate correlations between mom-HRQOL and momentary positive affect (PA), negative affect (NA) and physical symptoms (PS) for each participant were determined. Furthermore, correlations between mom-HRQOL, PA, NA and PS on the one hand and retrospective global health (EQ-VAS), the EQ-5D utility, the SF-6D utility and the TTO on the other hand were determined. **RESULTS:** The overall participation rate was low but there were no drop-outs and the number of completed beeps was comparable to other studies. For most participants, the correlation between mom-HRQOL and momentary PA, NA and PS was in the expected direction. Correlations between ESM data on HRQOL, PA, NA and PS and retrospective measures were moderate to high, with the exception of the TTO. **CONCLUSIONS:** Overall, this study extends our knowledge of the similarities and differences between ESM data on HRQOL, feelings and symptoms and retrospective measures of HRQOL, which may aid future health care research and decision making.

PCV127**PATIENTS WITH HYPERTENSION IN PRIMARY CARE IN SPAIN: MANAGEMENT, SELF-PERCEPTION AND SATISFACTION**

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OBJECTIVES: EUPrimicare is a European Union project aimed at analyzing the costs and quality of the different models of primary care (PC) in Europe. The aim of this paper is to analyze the management of patients with hypertension in PC services in Spain compared to other European countries, the satisfaction of these patients with PC services and their self-perceived health status. **METHODS:** Cross-sectional study. We conducted a population survey by telephone among PC users in each of the consortium countries (Germany, Spain, Estonia, Finland, Hungary, Italy and Lithuania). The questionnaire included information on sociodemographic characteristics, health status, satisfaction, utilization of PC services, and frequency of some interventions carried out by PC professionals. The survey was conducted to 431-432 PC users in each country (Ntotal = 3020). We use satisfaction, health status and sociodemographic variables to consider the situation of patients with hypertension in PC. **RESULTS:** The percentage of users of primary care services who reported having hypertension in Spain was 21.6% (N = 93), lower than the overall average (34.9%). 97% of patients resident in Spain were diagnosed by their primary care physicians versus 82.6% of the European average. The 91.4% of patients in Spain claimed to be in treatment to hypertension (EU average = 92.3%) and in 92.9% of cases the treatment was prescribed by their PC doctors (EU average = 84.5%). Only 7.5% of patients claimed that their health was poor or very poor, the lowest proportion of all countries evaluated. **CONCLUSIONS:** The patient with hypertension in Spain is diagnosed and managed by PC professionals more frequently than in other European countries. The self-perception of these patients in Spain is good and they were satisfied with the services of AP. The overall satisfaction of the patients with AP services was high but not significantly different from other countries.

PCV128**USER PREFERENCES FOR STROKE SERVICES IN WALES**

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OBJECTIVES: To investigate patient and family carer preferences for stroke support services. **METHODS:** Discrete choice experiment (DCE) using a fractional factorial design, folded into nine binary choices, containing four attributes: format of service (group, individual); service provider (hospital stroke team, primary care, voluntary sector); provision of additional social and leisure activities (provided, not provided); and time to plan and make the journey (1,2,4 hours). Attributes and levels were defined by a review of policy documentation and two workshops with patients and family carers (n=8). Patients (six months post-stroke) and their family carers were recruited from four stroke-services in Wales, to complete a paper questionnaire including the DCE and validated instruments to facilitate pre-specified sub-group analyses. Data were analysed in STATA using a random effects logit model. Marginal rate of substitution (MRS) used journey time as the value attribute. **RESULTS:** A total of 144/474 (30%) eligible patients requested the questionnaire, 80 (56%) completed (mean age 70.8 years (sd 11.1)). A total of 34/74 family carers who requested the questionnaire completed. All four attributes were significant for patients (p<0.05), only format of service and journey for carers. Patients preferred support services on an individual basis (p=0.00, MRS=128.61 minutes), with additional social and leisure activities (p=0.00, MRS=64.07 minutes). Family carers were willing to trade more journey time for services provided on an individual basis (p=0.00, MRS=273.73 minutes). Sub-group analysis showed significant differences between established (>315

days post-stroke) and early patients. Models accounting for patient health utility were significantly different (p<0.05). **CONCLUSIONS:** These findings complement the more descriptive summaries of a comprehensive matrix of sources of support within regions and localities (Department of Health, 2007), with which people living with stroke may interact. Exploring what patients and carers consider important in the provision of stroke support services, will ensure that service re-design is user-focused to maximum utility.

PCV129**PATIENTS' PREFERENCES FOR LONG-TERM TREATMENT AFTER ACUTE CORONARY SYNDROME: A DISCRETE-CHOICE EXPERIMENT AND ANALYTIC HIERARCHY PROCESS**

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OBJECTIVES: Diseases of the cardiovascular system are the main causes of death in Germany and other industrial countries. Different therapeutic approaches exist as well as several treatment options. How people who have suffered from an acute coronary syndrome, value aspects of their medical treatment is not very well analyzed until today. The objective of this empirical investigation was to evaluate patient's preferences regarding different antiplatelet medication options following an acute coronary syndrome. **METHODS:** Primary method was a Discrete-Choice-Experiment that included 6 patient-relevant attributes. Furthermore an Analytic-Hierarchy Process (AHP) was used to test the applicability of the method and to compare the results. The Discrete-Choice-Experiment (DCE) was conducted using a fractional factorial NGene-design with priors and the statistical data analysis used a random effect logit model. AHP was conducted using the eigenvalue method. **RESULTS:** The preference analysis of N=683 patients showed a clear dominance for the attribute "reduction of the risk of death" (DCE coef.: 0.803; AHP coef.: 0.402.). Rank 2 in AHP the "reduction of heart attack risk" (DCE coef.: 0.464; AHP coef.: 0.272.) and in the DCE was "shortness of breath" (DCE coef.: 0.550; AHP coef.: 0.165.). The side effect of "bleeding" (DCE coef.: 0.400; AHP coef.: 0.117.) joined accordingly. The "frequency of administration" was less important in DCE and AHP (DCE coef.: 0.025; AHP coef.: 0.044.). **CONCLUSIONS:** The results of both methods generated an almost equal ranking of the included features. The highest value for patients within a treatment decision was the mortality reduction. The consideration of patient preferences in therapeutic decisions implies stronger patient focus and can at the same time be used for the development of effective therapies after acute coronary syndrome. The preference data generated can be used for health care decision makers and stakeholders to represent the patient's benefit at the same time.

PCV130**COMPARING THE PERFORMANCE OF THE EQ-5D-5L WITH THE EQ-5D-3L IN STROKE PATIENTS IN JAPAN**

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OBJECTIVES: To assess the performance of the EQ-5D-5L Japanese version compared with the EQ-5D-3L in clinical setting targeted at patients with stroke in Japan. **METHODS:** The stroke patients were recruited from six rehabilitation hospitals in Japan. The proxy of the patients completed a questionnaire including the two versions of the EQ-5D. We tested the inconsistency, the redistribution properties, and the ceiling effect. **RESULTS:** A total 533 patients were recruited: 61% male, 15-99 (mean=67) years old. Diagnoses of patients were infarction (54.6%), hemorrhage (35.5%), and other (9.9%). The proportion of inconsistent responses (i.e., 3L responses that were at least two levels away from the 5L responses) was 3.6%. In particular the proportion in MOBILITY was 14.6%. Regarding redistribution, 52-61% of the patients answering level 2 with the 3L version redistributed their responses to levels 2 or 4 with the 5L version. A relative 3% reduction of the ceiling effect was found. **CONCLUSIONS:** Our findings suggest that the EQ-5D-5L Japanese version performs better in at least some properties analyzed. Further study is necessary to clarify other psychometric properties.

PCV131**A RETROSPECTIVE STUDY COMPARING COMPLIANCE, PERSISTENCE, AND BLOOD PRESSURE CONTROL BETWEEN FREE-DRUG AND SINGLE-PILL COMBINATION THERAPIES IN KOREAN HYPERTENSIVE PATIENTS**

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OBJECTIVES: Existing evidences indicate that single-pill antihypertensive combinations (SPC) have greater rates of adherence and more effective lowering of blood pressure than free-drug combinations (FC). SPC therapy has been used in Korea for the purpose of achieving optimal blood pressure control. However it is questioned whether such existing positive evidence toward SPC from western countries can be found in the Korean population. **METHODS:** This study compared compliance, persistence and blood pressure change of SPC versus FC using the medical charts of 1,940 patients from 17 Korean general hospitals (GH1-17). The hypertensive patients with SPC or FC prescription, more than 40 years old, no history of hospitalization, visited GH1-17 from January 1, 2010 to December 31, 2011 were included. Compliance was compared using the Medication Progression Ratio (MPR), calculated as the ratio between the days medication was taken and days in a time interval. Persistence was measured as the number of days from the index date to the therapy discontinuation date. The blood pressure (BP) change was calculated as the difference between the first and the last visit. **RESULTS:** Overall compliance measured by MPR was 0.71 for the SPC group and 0.69 for the FC group, with the difference being statistically significant.